

Appendix F

**Form 200, Application of Waste Discharge General Information Form
(includes permit fee of \$1,700)**



APPLICATION/REPORT OF WASTE DISCHARGE GENERAL INFORMATION FORM FOR WASTE DISCHARGE REQUIREMENTS OR NPDES PERMIT



I. FACILITY INFORMATION

A. Facility:

Name: Former Boeing C-6 Facility			
Address: 19503 South Normandie Avenue			
City: Los Angeles	County: Los Angeles	State: CA	Zip Code: 90846
Contact Person: Scott Lattimore		Telephone Number: (562) 593-3902	

B. Facility Owner:

Name: Boeing Realty Corporation			Owner Type (Check One) 1. <input type="checkbox"/> Individual 2. <input checked="" type="checkbox"/> Corporation	
Address: 3760 Kilroy Airport Road, Suite 500			3. <input type="checkbox"/> Governmental Agency 4. <input type="checkbox"/> Partnership	
City: Long Beach	State: CA	Zip Code: 90806	5. <input type="checkbox"/> Other: _____	
Contact Person: Mario Stavale		Telephone Number: (562) 627-4817	Federal Tax ID: 7 CAD 086510005	

C. Facility Operator (The agency or business, not the person):

Name: Boeing Realty Corporation			Operator Type (Check One) 1. <input type="checkbox"/> Individual 2. <input checked="" type="checkbox"/> Corporation	
Address: 3760 Kilroy Airport Road, Suite 500			3. <input type="checkbox"/> Governmental Agency 4. <input type="checkbox"/> Partnership	
City: Long Beach	State: CA	Zip Code: 90806	5. <input type="checkbox"/> Other: _____	
Contact Person: Mario Stavale		Telephone Number: (562) 627-4817		

D. Owner of the Land:

Name: Boeing Realty Corporation			Owner Type (Check One) 1. <input type="checkbox"/> Individual 2. <input checked="" type="checkbox"/> Corporation	
Address: 3760 Kilroy Airport Road, Suite 500			3. <input type="checkbox"/> Governmental Agency 4. <input type="checkbox"/> Partnership	
City: Long Beach	State: CA	Zip Code: 90806	5. <input type="checkbox"/> Other: _____	
Contact Person: Mario Stavale		Telephone Number: (562) 627-4817		

E. Address Where Legal Notice May Be Served:

Address: 3760 Kilroy Airport Road, Suite 500		
City: Long Beach	State: CA	Zip Code: 90806
Contact Person: Mario Stavale		Telephone Number: (562) 627-4817

F. Billing Address:

Address: 3760 Kilroy Airport Road, Suite 500		
City: Long Beach	State: CA	Zip Code: 90806
Contact Person: Mario Stavale		Telephone Number: (562) 627-4817



State of California
Regional Water Quality Control Board
**APPLICATION/REPORT OF WASTE DISCHARGE
GENERAL INFORMATION FORM FOR
WASTE DISCHARGE REQUIREMENTS OR NPDES PERMIT**



II. TYPE OF DISCHARGE

Check Type of Discharge(s) Described in this Application (A or B):

- ☐ A. WASTE DISCHARGE TO LAND ☐ B. WASTE DISCHARGE TO SURFACE WATER

Check all that apply:

- | | | |
|--|--|---|
| <input type="checkbox"/> Domestic/Municipal Wastewater Treatment and Disposal | <input type="checkbox"/> Animal Waste Solids | <input type="checkbox"/> Animal or Aquacultural Wastewater |
| <input type="checkbox"/> Cooling Water | <input type="checkbox"/> Land Treatment Unit | <input type="checkbox"/> Biosolids/Residual |
| <input type="checkbox"/> Mining | <input type="checkbox"/> Dredge Material Disposal | <input type="checkbox"/> Hazardous Waste (see instructions) |
| <input type="checkbox"/> Waste Pile | <input type="checkbox"/> Surface Impoundment | <input type="checkbox"/> Landfill (see instructions) |
| <input type="checkbox"/> Wastewater Reclamation | <input type="checkbox"/> Industrial Process Wastewater | <input type="checkbox"/> Storm Water |
| <input checked="" type="checkbox"/> Other, please describe: <u>carbohydrate solution</u> | | |

III. LOCATION OF THE FACILITY

Describe the physical location of the facility.

1. Assessor's Parcel Number(s)
Facility:
Discharge Point:

2. Latitude 33/46/00 N
Facility:
Discharge Point:

3. Longitude 118/18/00 W
Facility:
Discharge Point:

IV. REASON FOR FILING

- | | |
|---|---|
| <input checked="" type="checkbox"/> New Discharge or Facility | <input type="checkbox"/> Changes in Ownership/Operator (see instructions) |
| <input type="checkbox"/> Change in Design or Operation | <input type="checkbox"/> Waste Discharge Requirements Update or NPDES Permit Reissuance |
| <input type="checkbox"/> Change in Quantity/Type of Discharge <input type="checkbox"/> Other: _____ | |

V. CALIFORNIA ENVIRONMENTAL QUALITY ACT (CEQA)

Name of Lead Agency: California Regional Water Quality Control Board (LARWQCB)
Has a public agency determined that the proposed project is exempt from CEQA? ☐ Yes ☒ No an initial study would be proposed
If Yes, state the basis for the exemption and the name of the agency supplying the exemption on the line below.
Basis for Exemption/Agency: _____

Has a "Notice of Determination" been filed under CEQA? ☐ Yes ☐ No
If Yes, enclose a copy of the CEQA document, Environmental Impact Report, or Negative Declaration. If no, identify the expected type of CEQA document and expected date of completion.

Expected CEQA Documents:

- ☐ EIR ☐ Negative Declaration

Expected CEQA Completion Date: _____



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VI. OTHER REQUIRED INFORMATION

Please provide a COMPLETE characterization of your discharge. A complete characterization includes, but is not limited to, design and actual flows, a list of constituents and the discharge concentration of each constituent, a list of other appropriate waste discharge characteristics, a description and schematic drawing of all treatment processes, a description of any Best Management Practices (BMPs) used, and a description of disposal methods.

Also include a site map showing the location of the facility and, if you are submitting this application for an NPDES permit, identify the surface water to which you propose to discharge. Please try to limit your maps to a scale of 1:24,000 (7.5' USGS Quadrangle) or a street map, if more appropriate.

VII. OTHER

Attach additional sheets to explain any responses which need clarification. List attachments with titles and dates below:

You will be notified by a representative of the RWQCB within 30 days of receipt of your application. The notice will state if your application is complete or if there is additional information you must submit to complete your Application/Report of Waste Discharge, pursuant to Division 7, Section 13260 of the California Water Code.

VIII. CERTIFICATION

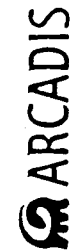
"I certify under penalty of law that this document, including all attachments and supplemental information, were prepared under my direction and supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment."

Print Name: S. Mario Stuvale
Signature: [Signature]

Title: Senior Real Estate Manager
Date: 6/10/02

FOR OFFICE USE ONLY

Date Form 200 Received:	Letter to Discharger:	Fee Amount Received:	Check #:
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infrastructure, buildings, environment, communications
630 Plaza Drive, Suite 200 • Highlands Ranch, Colorado 80129
Tel 720/344-3500 • Fax 720/344-3535

30975

82-91-1021

DATE 05/28/02

PAY
TO THE
ORDER OF

LOS ANGELES REGIONAL WATER QUALITY CONTROL BOARD

\$ 1,700.00

ONE THOUSAND SEVEN HUNDRED AND NO/100

DOLLARS



WELLS
FARGO
Wells Fargo Bank Grand Junction, N.A.
Grand Junction, CO 81501
www.wellsfargo.com

FOR

Cheryl A. Baker

MP

⑈030975⑈+⑈102100918⑈8012803418⑈

ARCADIS GERAGHTY & MILLER

630 Plaza Drive, Suite 200

Highlands Ranch, Colorado 80126

Tel (720) 344-3500 Fax (720) 344-3535

DATE 8-30-01

PAY TO THE ORDER OF Los Angeles Regional Water Quality Control Board \$ 300.00

Three hundred dollars and no cents ***** DOLLARS

NOT VALID OVER \$500

Northwest Bank of Grand Junction, N.A.
2808 North Avenue • Grand Junction, CO 81501
Phone (970) 242-8822
8231 / 1021

C. Brundage

⑈0020509⑈ ⑆102100918⑆ 801 2800923⑈

ARCADIS GERAGHTY & MILLER

630 Plaza Drive, Suite 200

Highlands Ranch, Colorado 80126

Tel (720) 344-3500 Fax (720) 344-3535

ITEM DESCRIPTION	VENDOR NO	VOUCHER NO	AMOUNT	PROJECT	ACCOUNT
Permit		20509	\$300.00	CA594.01.012	531.60